


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000064
 1. Entity Name
 HANDLEMAN INVESTMENTS LLLP



Principal Place of Business Mailing Address
 BANK ONE, N.A.
 3399 PGA BLVD., SUITE 100
 PALM BEACH GARDENS, FL 33410 BANK ONE, N.A.
 3399 PGA BLVD., SUITE 100
 PALM BEACH GARDENS, FL 33410



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01312006 Chg-LP CR2E003 (11/05)

4. FEI Number Applied For
 76-0744835 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOMOLL, GARY
 BANK ONE, N.A.
 3399 PGA BLVD., SUITE 100
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE
Signature, typed or printed name of registered agent and date if applicable
 03/03/06-80008-007 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|------------------------------|--------------------------|--|
| DOCUMENT # | LD3000000302 | STREET ADDRESS | |
| NAME | HCI LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 3399 PGA BLVD., SUITE 100 | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to file this report as required by Chapter 620, Florida Statutes

SIGNATURE: *GARY WAYNE GOMOLL* By *GARY WAYNE GOMOLL* 2/23/06 561.799-1138
SIGNATURE OF REGISTERED AGENT Date Daytime Phone #